



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
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**CERTIFICATE OF DISCLOSURE – A.R.S. § 20-233
CALENDAR YEAR 2005**

ARIZONA COMPANY CODE NO.

COMPLETE COMPANY NAME

ARIZONA
DOMICILIARY STATE

HOME OFFICE ADDRESS (STREET)

CITY, STATE AND ZIP CODE

PART A: Have any persons serving either by election or appointment as officers, directors, incorporators and persons controlling or holding more than ten percent (10%) of the issued and outstanding common shares or ten percent (10%) of any other propriety, beneficial or membership in the corporation:

1. Been convicted of a felony involving a transaction in securities, insurance consumer fraud or antitrust in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false premises or restraining the trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?
3. Been or are subject to an injunction, judgement, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the execution of this certificate where such injunction, judgement, decree or permanent order:
 - a. Involved the violation of fraud or registration provisions of the securities laws of that jurisdiction; or
 - b. Involved the violation of the consumer fraud laws of that jurisdiction; or
 - c. Involved the violation of the antitrust or restraint of trade laws of that jurisdiction; or
 - d. Involved the violation of the insurance laws of that jurisdiction?

ANSWER YES _____ NO _____ **(MUST BE ANSWERED)**

If your answer to any of the Items A1 through A3 is "YES," the following information for each person **must** be attached:

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security number. |
| 3. Present home address. | 7. The nature and description of each conviction or judicial |
| 4. Prior addresses (for immediately preceding seven-year period). | action, the date and location, the court and public agency involved and the file or cause number of the case. |

CERTIFICATE OF DISCLOSURE – STATE OF ARIZONA
CALENDAR YEAR _____

PART B: Has any officer, director, trustee, incorporator of the corporation or shareholder possessing or controlling ten percent (10%) or more of any propriety, beneficial or membership interest in the corporation served in any such capacity or held such interest in any corporation which has been placed in bankruptcy or receivership or had its charter revoked or Certificate of Authority suspended, refused renewal or revoked?

ANSWER YES _____ NO _____ (**MUST BE ANSWERED**)

If your answer to question B is "YES," the following information for each corporation **must** be attached:

- | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and address of the corporation. | 4. Dates of corporate operation. |
| 2. Full name, including alias and address of each person involved. | 5. A description of the bankruptcy, receivership, charter revocation, Certificate of Authority suspension, renewal refusal or revocation, including the date, the court or agency involved and the file or cause number of the case. |
| 3. State(s) in which the corporation:
a. was incorporated.
b. has transacted business. | |

PART C: List below (or on an attachment) the names of shareholders of record of the corporation holding more than ten percent (10%) of any class or shares issued by the corporation, including persons beneficially holding such shares through nominees.

AFFIDAVIT OF VERIFICATION

MUST BE EXECUTED BY THE PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER AND/OR DIRECTOR(S) OF THE COMPANY WHO ARE LISTED ON THE JURAT PAGE OF THE ANNUAL STATEMENT.

State of _____ }
County of _____ } ss

Type or Print Name of Affiant

Type Title of Affiant – Must be Executive Officer or Director

Type or Print Name of Affiant

Type Title of Affiant – Must be Executive Officer or Director

of the _____ being duly
Name of Company

sworn each for him/herself deposes and says that they are the above described officers and/or directors of said corporation, and that under penalties of law declare that they have examined this Certificate, including any attachments, and to the best of their knowledge and belief, it is true, correct and complete.

Signature of Affiant – Title

Signature of Affiant – Title

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20____.

Stamp or seal

Notary Public

My Commission Expires

EXECUTION OF THIS CERTIFICATE

Arizona law requires this certificate to be executed by **two authorized executive officers or directors** of the Company, therefore the Department will only accept signatures of such officers who are identified on the Jurat Page of the Annual Statement for the filing year. Filings received with unacceptable signature(s) will be returned as "incomplete" and will be subject to statutory late filing fees where applicable.

The Certificate of Disclosure due date is August 1st if the company's fiscal year end is December 31st, or November 1st if the company's fiscal year ends on a date other than December 31st.

An incomplete or late filing of the Certificate of Disclosure shall subject a company to payment of a late fee not to exceed twenty-five dollars (\$25.00) for each day of delinquency.